



## FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Liz Watkins 615-315-6547
<b>B. E-MAIL CONTACT AT FILER (optional)</b>
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Liz Watkins 9009 Carothers Parkway Franklin, TN 37067 USA

FILING NUMBER: 14-0032743660

FILING DATE: 10/14/2014 03:02 PM

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FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	1a. ORGANIZATION'S NAME <b>Reagor-Dykes Amarillo, L.P.</b>			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>4710 Canyon Drive</b>		CITY <b>Amarillo</b>	STATE <b>TX</b>	POSTAL CODE <b>79109</b>
				COUNTRY <b>USA</b>

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME <b>Ford Motor Credit Company LLC</b>			
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>P. O. Box 680020</b>		CITY <b>Franklin</b>	STATE <b>TN</b>	POSTAL CODE <b>37068-0020</b>
				COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:  
This financing statement covers the following types (or items) of collateral now owned or hereafter acquired by debtor(s):  
Equipment, furniture, machinery, demonstrators/service vehicles, supplies and other goods of every kind.

Motor vehicles, tractors, trailers, implements, service parts/ accessories, other inventory of every kind and any accessions thereto.

Accounts, instruments, chattel paper, general intangibles, contract rights, documents and supporting obligations thereto.

Fixtures located at the above address and at any other address from which the above debtor conducts business now or in the future.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

Ford Motor Credit Company 615-315-2575

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Ford Motor Credit Company  
P O Box 680020, MD 610  
Franklin, TN 37068  
USA

FILING NUMBER: 10-0029340403

FILING DATE: 10/11/2010 02:04 PM

DOCUMENT NUMBER: 333650940003

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

OR	1a. ORGANIZATION'S NAME <b>Reagor Dykes Auto Company, L.P.</b>			
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>808 N IH 27</b>		CITY <b>Plainview</b>	STATE <b>TX</b>	POSTAL CODE <b>79072</b>
1d. TAX ID#: SSN OR EIN		ADD'L DEBTOR INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>Limited Partnership</b>	1f. ORG JURISDICTION <b>TX</b>
			1g. ORG. ID #, if any <b>801222096</b>	<input type="checkbox"/> NONE

## 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

OR	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. TAX ID#: SSN OR EIN		ADD'L DEBTOR INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. ORG JURISDICTION
				2g. ORG. ID #, if any <input type="checkbox"/> NONE

## 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME <b>Ford Motor Credit Company LLC</b>			
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>P O Box 680020, MD 610</b>		CITY <b>Franklin</b>	STATE <b>TN</b>	POSTAL CODE <b>37068</b>
				COUNTRY <b>USA</b>

## 4. This FINANCING STATEMENT covers the following collateral:

This financing statement covers the following types (or items) of collateral now owned or hereafter acquired by debtor(s):

New motor vehicles manufactured or distributed by Ford Motor Company or by any affiliate or subsidiary of Ford Motor Company.

Accessories and replacement of or for any of the above.

Secured Party's security interest in a particular vehicle (and in all accessories thereto, all replacements therefore, and all proceeds thereof) shall terminate upon payment in full to the Secured Party or to Ford Motor Company for such vehicle."

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

☐ 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2  
[ADDITIONAL FEE] [optional]

## 8. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Andrea Rachelle Walker 6153152432

## B. E-MAIL CONTACT AT FILER (optional)

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Andrea Rachelle Walker  
 9009 Carothers Pkwy MD 610  
 Franklin, TN 37067  
 USA

FILING NUMBER: 14-00327385

FILING DATE: 10/14/2014 02:28 PM

DOCUMENT NUMBER: 572488710002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1a. INITIAL FINANCING STATEMENT FILE NUMBER

10-0029340403

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.  
 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.  
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ PARTY INFORMATION CHANGE:Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:

☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b.

## 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

## 6a. ORGANIZATION'S NAME

OR

## 6b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

## 7a. ORGANIZATION'S NAME

OR

## 7b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 7c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

8. ☒ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☒ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

This financing statement covers the following types (or items) of collateral now owned or hereafter acquired by debtor(s):

Equipment, furniture, machinery, demonstrators/service vehicles, supplies and other goods of every kind.

Motor vehicles, tractors, trailers, implements, service parts/ accessories, other inventory of every kind and any accessions thereto.

Accounts, instruments, chattel paper, general intangibles, contract rights,

## 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

## 9a. ORGANIZATION'S NAME

OR

## 9b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 10. OPTIONAL FILER REFERENCE DATA:

DD Reagor Dykes Auto Company, L.P. - 84603

page 2

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form	
10-0029340403	
12. NAME of PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
OR	12a. ORGANIZATION'S NAME Ford Motor Credit Company LLC
	12b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13); Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit

13a. ORGANIZATION'S NAME				
OR				
	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

## 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

documents and supporting obligations thereto.

Fixtures located at the above address and at any other address from which the above debtor conducts business now or in the future.

15. THIS FINANCING STATEMENT AMENDMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17. Description of real estate:
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	

## 18. MISCELLANEOUS:

FILING OFFICE COPY

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Andrea Rachelle Walker 6153152432

## B. E-MAIL CONTACT AT FILER (optional)

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Andrea Rachelle Walker  
9009 Carothers Pkwy MD 610  
Franklin, TN 37067  
USA

FILING NUMBER: 15-00140327

FILING DATE: 05/06/2015 10:27 AM

DOCUMENT NUMBER: 605346360002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1a. INITIAL FINANCING STATEMENT FILE NUMBER

10-0029340403

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in Item 13

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.

For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 8

4. ☒ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ PARTY INFORMATION CHANGE:Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:

☐ CHANGE name and/or address: Complete item 6a or 6b; and item ☐ ADD name: Complete item 7a or 7b, ☐ DELETE name: Give record name to be deleted in item 6a or 6b.

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

Ford Motor Credit Company LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

## 10. OPTIONAL FILER REFERENCE DATA:

DD Reagor Dykes Auto Company, L.P. 84603 - blanket

FILING OFFICE COPY

## FINANCING STATEMENT

## ALLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
Andrea Rachelle Walker 6153152432

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Andrea Rachelle Walker  
9009 Carothers Pkwy MD 610  
Franklin, TN 37067  
USA

FILING NUMBER: 15-0032542032

FILING DATE: 10/09/2015 10:38 AM

DOCUMENT NUMBER: 634926610003

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
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1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

REAGOR-DYKES FLOYDADA, L.P.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

1111 19th Street

Lubbock

TX

79401

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Ford Motor Credit Company LLC

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

P.O. Box 680020 MD 610

Franklin

TN

37068

USA

4. COLLATERAL: This financing statement covers the following collateral:

This financing statement covers the following types (or items) of collateral now owned or hereafter acquired by debtor(s):

Equipment, furniture, machinery, demonstrators/service vehicles, supplies and other goods of every kind.

Motor vehicles, tractors, trailers, implements, service parts/ accessories, other inventory of every kind and any accessions thereto.

Accounts, instruments, chattel paper, general intangibles, contract rights, documents and supporting obligations thereto.

Fixtures located at the above address and at any other address from which the above debtor conducts business now or in the future.

All proceeds thereof.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box.

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

DD - Reagor-Dykes Floydada, L.P. 152739 - blanket

FILING OFFICE COPY

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Liz Watkins 615-315-6547

## B. E-MAIL CONTACT AT FILER (optional)

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Liz Watkins  
9009 Carothers Parkway  
Franklin, TN 37067  
USA

FILING NUMBER: 14-0032742912

FILING DATE: 10/14/2014 02:57 PM

DOCUMENT NUMBER: 572500610002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	1a. ORGANIZATION'S NAME <b>Reagor-Dykes Imports, L.P.</b>				
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
<b>6540 82nd Street</b>	<b>Lubbock</b>	<b>TX</b>	<b>79424</b>	<b>USA</b>	

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME <b>Ford Motor Credit Company LLC</b>				
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
<b>P. O. Box 680020</b>	<b>Franklin</b>	<b>TN</b>	<b>37068-0020</b>	<b>USA</b>	

4. COLLATERAL: This financing statement covers the following collateral:

This financing statement covers the following types (or items) of collateral now owned or hereafter acquired by debtor(s):

Equipment, furniture, machinery, demonstrators/service vehicles, supplies and other goods of every kind.

Motor vehicles, tractors, trailers, implements, service parts/ accessories, other inventory of every kind and any accessions thereto.

Accounts, instruments, chattel paper, general intangibles, contract rights, documents and supporting obligations thereto.

Fixtures located at the above address and at any other address from which the above debtor conducts business now or in the future.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY



## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

Vivien C. Bradford (615) 315-3958

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Vivien C. Bradford  
 9009 Carothers Pkwy  
 M.D. 610  
 Franklin, TN 37067  
 USA

FILING NUMBER: 08-0007673445

FILING DATE: 03/04/2008 10:22 AM

DOCUMENT NUMBER: 206724890002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

OR	1a. ORGANIZATION'S NAME <b>Reagor-Dykes Motors, L.P.</b>				
	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>1207 South Lynn</b>		CITY <b>Lamesa</b>	STATE <b>TX</b>	POSTAL CODE <b>79331</b>	COUNTRY <b>USA</b>
1d. TAX ID# SSN OR EIN	ADD'L DEBTOR INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>Limited Partnership</b>	1f. ORG JURISDICTION <b>Texas</b>	1g. ORG. ID #, if any <b>800735363</b>	<input type="checkbox"/> NONE

## 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

OR	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID# SSN OR EIN	ADD'L DEBTOR INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. ORG JURISDICTION	2g. ORG. ID #, if any	<input type="checkbox"/> NONE

## 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME <b>Ford Motor Credit Company LLC</b>				
	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>Po Box 680020 Md 610</b>		CITY <b>Franklin</b>	STATE <b>TN</b>	POSTAL CODE <b>37068</b>	COUNTRY <b>USA</b>

4. This FINANCING STATEMENT covers the following collateral:  
 This financing statement covers the following types (or items) of collateral now owned or hereafter acquired by debtor(s):

1. Equipment, furniture, machinery, demonstrators and service vehicles, supplies and other goods of every kind.
2. Motor vehicles, tractors, trailers, implements, service parts and accessories and other inventory of every kind and any accessions thereto.
3. Accounts, instruments, chattel paper, general intangibles, contract rights, documents and supporting obligations thereto.
4. Fixtures located at the above address and at any other address from which the above debtor conducts business now or in the future.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

☐ 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2  
 [ADDITIONAL FEE] [optional]

## 8. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

LENETTA O HARRISON 615-315-3864

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

LENETTA O HARRISON  
9009 Carothers Pkwy  
Franklin, TN 37067  
USA

FILING NUMBER: 12-00332175

FILING DATE: 10/22/2012 10:03 AM

DOCUMENT NUMBER: 449381470005

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1a. INITIAL FINANCING STATEMENT FILE #

08-0007673445

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.3. ☒ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.4. ☐ **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these.Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
☐ **CHANGE** name and/or address: Give current record name in item 6; also give new name and/or new address in item 7. ☐ **DELETE** name: Give record name to be deleted in item 6a or 6b. ☐ **ADD** name: Complete item 7a or 7b, and also item 7c.

## 6. CURRENT RECORD INFORMATION:

OR	6a. ORGANIZATION'S NAME			
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

## 7. CHANGED (NEW) OR ADDED INFORMATION:

OR	7a. ORGANIZATION'S NAME			
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. TAX ID# SSN OR EIN 7e. ADD'L DEBTOR INFO 7f. TYPE OF ORGANIZATION 7g. ORG. ID #, if any

8. AMENDMENT (COLLATERAL CHANGE): check only one box.Describe collateral: ☒ No change ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this amendment.

OR	9a. ORGANIZATION'S NAME Ford Motor Credit Company LLC			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

## 10. OPTIONAL FILER REFERENCE DATA

DD-Reagor-Dykes Motors, L.P.-83865

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FILING OFFICE COPY

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Andrea Rachelle Walker 6153152432
<b>B. E-MAIL CONTACT AT FILER (optional)</b>
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Andrea Rachelle Walker 9009 Carothers Pkwy MD 610 Franklin, TN 37067 USA

FILING NUMBER: 15-0020004335

FILING DATE: 06/25/2015 07:54 AM

DOCUMENT NUMBER: 612736180003

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING

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1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	1a. ORGANIZATION'S NAME <b>Reagor-Dykes Plainview, L.P.</b>			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>1220 S. I-27</b>		CITY <b>Plainview</b>	STATE <b>TX</b>	POSTAL CODE <b>79072</b>
				COUNTRY <b>USA</b>

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME <b>Ford Motor Credit Company LLC</b>			
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>P.O. Box 680020 MD 610</b>		CITY <b>Franklin</b>	STATE <b>TN</b>	POSTAL CODE <b>37068</b>
				COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:  
This financing statement covers the following types (or items) of collateral now owned or hereafter acquired by debtor(s):  
Equipment, furniture, machinery, demonstrators/service vehicles, supplies and other goods of every kind.

Motor vehicles, tractors, trailers, implements, service parts/ accessories, other inventory of every kind and any accessions thereto.

Accounts, instruments, chattel paper, general intangibles, contract rights, documents and supporting obligations thereto.

Fixtures located at the above address and at any other address from which the above debtor conducts business now or in the future.

All proceeds thereof.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

DD Reagor-Dykes Plainview, L.P. 152377 - blanket

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